

World Heart Day

Share the power



Cardiovascular disease (CVD) is the world's most common cause of death. 31% of global deaths are from CVDs. By 2030, over 23

million deaths will be from CVDs. Low and middle-income countries are the most affected by CVD deaths. Many CVDs are preventable by addressing behavioural risk factors. The World Health Organisation (WHO) targets to reduce premature deaths from non-communicable diseases (NCDs) of which CVDs make up the largest proportion.

World Heart Day takes place on 29 September every year and is a chance for people across the globe to take part in the world's biggest interaction against CVDs. The theme of this year's World Heart Day is 'Share your Power'. On the World Heart Day, our focus is on creating heart healthy environments by ensuring that people are able to make heart healthy choices wherever they live, work and play.

Among the cardiovascular diseases hypertension is an important medical and public health issue because it is common and increases the risks of cardiovascular and kidney disease. Hypertension, or high blood pressure, is dangerous because it can lead to strokes,

heart attacks, heart failure, or kidney disease. The goal of hypertension treatment is to lower high blood pressure and protect important organs. High blood pressure is now classified as a blood pressure greater than 140/90 mmHg in people under age 55, and greater than 150/90 mmHg in people over age 55. Anyone can develop high blood pressure. Lifestyle changes can help you control and prevent high blood pressure, even if you are taking blood pressure medication. Here is what you can do:

- Eat a healthy diet. Try the Dietary Approach to Stop

Hypertension (DASH) diet, which emphasises fruits, vegetables, whole grains, poultry, fish and low-fat dairy foods. Get plenty of potassium, which can help prevent and control high blood pressure. Eat less saturated fat.

- A lower sodium level — 1.5 gm a day — is appropriate for people 51 years of age or older, and individuals of any age who have hypertension, diabetes or chronic kidney disease.
- Otherwise healthy people can aim for 2.3 gm a day or less.
- Keeping a healthy weight, or losing weight if you are overweight or obese, can help you

control your high blood pressure and lower your risk of related health problems. If you are overweight, losing even 5 pounds/2.3 Kilograms can physical your blood pressure.

- Regular physical activity can help lower your blood pressure, manage stress, reduce your risk of several health problems and keep your tobacco under control.
- Tobacco injures blood vessel walls and speeds up the process of hardening of the arteries. If you smoke, ask your doctor to help you quit.
- Reduce stress as much as possible. Practice healthy coping

techniques, such as muscle relaxation, deep breathing or meditation. Getting regular physical activity and plenty of sleep can help, too.

• Home blood pressure monitoring can help you keep closer tabs on your blood pressure, even if medication is working, and show alert when your doctor to potential complications. Home blood pressure monitoring is not a substitute for visits to your doctor. Home blood pressure monitors may have some limitations. Even if you get normal readings, do not stop or change your medications or alter your diet without talking to your doctor first.

At the advent of the new millennium, we are unaware of our real situation, whereas heart related problems are getting epidemic proportion worldwide. We have no more time to lapse. Large scale, preferably, nationwide survey and clinical research should be conducted to determine the different aspects of these problems in Bangladesh. The information available thereby, would help to formulate national policy to combat the deadly epidemic more effectively.

The writer works at the Department of Cardiology at Bangladesh Sheikh Mujib Medical University, Dhaka. Email: drsmmzaman@yahoo.com

PREVENT SUICIDE

Comprehensive efforts needed

Every year close to 800,000 people take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind.

Suicide was the second leading cause of death among 15–29-year-olds globally in 2015. It does not just occur in high-income countries, but is a global phenomenon in all regions of the world. In fact, over 78% of global suicides occurred in low- and middle-income countries in 2015.

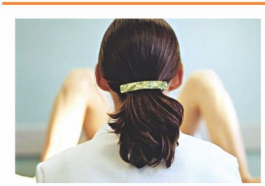
Suicide is a serious public health problem; however, suicides are preventable with timely, evidence-based and often low-cost interventions.

While the link between suicide and mental disorders is well established in high-income countries, many suicides happen impulsively in moments of crisis with breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness.

Suicides are preventable. There are a number of measures to prevent suicide and suicide attempts. These include: reducing access to the means of suicide; reporting by media in a responsible way; early identification, treatment and care of people with mental and substance use disorders, chronic pain and acute emotional distress; training of non-specialised health workers in the assessment and management of suicidal behaviour; follow-up care for people who attempted suicide and provision of community support.

Suicide is a complex issue and therefore suicide prevention efforts require coordination and collaboration among multiple sectors of society, including the health sector and other sectors such as education, labour, agriculture, business, justice, law, defense, politics, and the media. These efforts must be comprehensive and integrated as no single approach can make an impact on an issue as complex as suicide.

HEALTHbulletin



Primary HPV screening detects more lesions

Human papillomavirus (HPV) screening — compared with cytology-based screening — is associated with higher detection rates for precancerous cervical lesions in a country with high HPV vaccination coverage, suggests a PLOS Medicine study. Australian researchers randomised 5000 women aged 25 to 64 years presenting for cervical screening to liquid-based cytology or HPV screening. Women undergoing HPV screening were referred directly for colposcopy if HPV16 or 18 was detected, and they underwent either liquid-based or dual-stained cytology triage for other high-risk HPV types. Nearly a quarter of participants had been eligible for HPV vaccination based on age.

After adjustment for vaccination age eligibility, the colposcopy referral rate was similar across the groups (roughly 3%). However, the rate of detected high-grade precancer (CIN2+) was significantly higher with HPV screening than with cytology (roughly 1.0% vs. 0.1%).

The authors conclude: "These findings provide initial support for the implementation of primary HPV screening in vaccinated populations."

Pioneering cancer access programme for people in lower-income countries

STAR HEALTH REPORT

Novartis announced a new collaboration with The Max Foundation to support continued access to treatment at no cost for nearly 34,000 current patients with chronic myeloid leukemia (CML), gastrointestinal tumors (GIST), and other rare cancers, says a press release.

The two organisations have been long-time collaborators in providing access to care for patients in lower-income countries through the Glivec International Patient Assistance Programme (GIPAP), one of the most innovative patient assistance programmes ever implemented on a global scale.

The new collaboration, called CMLPath to Care, is an evolution from GIPAP, a partnership that provided Glivec (imatinib) at no cost to diagnosed patients in lower-income countries where there may not be access to reimbursement or funding mechanisms, and to those unable to pay for the medication.

Under the new initiative, The Max Foundation, a global, patient-focused, non-governmental organisation (NGO), will assume from Novartis the responsibility for delivering the treatment to these patients, including supply chain management. Novartis will provide funding and drug donation support.

The collaborative agreement runs through Q1 2021 with an option to extend. During this timeframe, Novartis expects to donate more than \$29 million to the collaboration, alongside approximately 315,000,000 doses of medication.

Novartis introduced GIPAP in 2002 after recognising the impact of its breakthrough cancer therapy, Glivec. The programme has served the CML treatment needs of approximately 75,000 people since its inception.

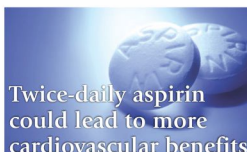
The goal of CMLPath to Care is to help people living with CML by connecting them and their carers with effective treatments, professional medical capabilities, trained physicians and hands-on support. The Max Foundation provided CML patients with psychosocial patient education, services that did not previously exist in certain countries. Over time, changes in local infrastructures and capabilities, new and innovative treatments, and the growth and impact of patient groups prompted Novartis and The Max Foundation to recognise that a new, more flexible approach to access was needed.

With CMLPath to Care, Novartis will provide access to Glivec in nearly 70 countries, and in a subset of countries second-line Tasigna

(nilotinib) therapy will be available for approved indications. The Max Foundation will manage the entire medicine supply chain and interactions with local stakeholders under the umbrella of Max Access Solutions, while continuing to provide hands-on, local patient support.

CMLPath to Care is one of the broadest cancer treatment access initiatives led by a patient-centred NGO. During the last 15 years, the Novartis-Max Foundation partnership created and maintained a standard of care in many lower-income countries that may not have otherwise been possible for people with CML. In this new model — as in GIPAP — the individual is provided at no cost for medicine. This contrasts with more traditional humanitarian programmes that provide bulk donations of a medicine.

The Max Foundation is unique among NGOs in its ability to manage the complex administration of individual patient care. The transition to CMLPath to Care includes The Max Foundation's assumption of programme administration, supply chain management and oversight of the nearly 34,000 patients, 1,400 physicians, and 450 treatment centres in nearly 70 countries over four continents.



Twice-daily aspirin could lead to more cardiovascular benefits

STAR HEALTH DESK

Taking aspirin twice daily, rather than the current recommendation of once daily, could enhance cardiovascular protection in people with type 2 diabetes (T2D), suggests a study.

Cardiovascular disease (CVD) is the leading cause of illness and death in people with T2D. Aspirin is the gold standard antiplatelet (anticoagulating) therapy and guidelines usually recommend a once-daily dose for the prevention of CVD. Aspirin works by reducing platelet aggregation — making blood platelets (cells which foster clotting) less likely to form clots — that can lead to a stroke or heart attack.

However, aspirin has a very short half-life, and studies suggest that a once-daily aspirin regimen does not fully inhibit platelet function when platelet turnover is increased, as seen in people with T2D. For this reason, aspirin is known to be less effective in people with T2D and a history of CVD, but whether the same is true in people with T2D without a history of CVD has not been explored.

The authors conclude: "Given that platelets in people with diabetes are characterised by increased aggregation and increased turnover rates, our study indicates that patients with type 2 diabetes may achieve additional benefit from twice daily rather than once daily dosing of aspirin. Large scale clinical outcome trials are needed to confirm the safety and efficacy of this approach."

/StarHealthBD

BREAST CANCER AWARENESS MONTH

OCTOBER 1 - OCTOBER 30

Around **50,000** women are diagnosed with breast cancer every year and every October this worldwide campaign runs to highlight the importance of breast health awareness, education and research.

FIND AND CURE FIGHT AGAINST BREAST CANCER

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